Contracting organisation: Medical Aid for Palestinians (MAP)

Location of the assignment: Lebanon (Al Bass camp- South Lebanon, Mar Elias camp -Beirut, Beddawi/Nahr el Bared camps- North Lebanon)

Local partner organisation: Palestinian Women Humanitarian Organisation, Ghassan Kanafani Cultural Foundation, and Community Based Rehabilitation Organisation

MAP Project Evaluation Terms of Reference

1. Organisation

MAP's vision is of a future in which all Palestinians can access an effective, sustainable and locally-led system of healthcare and the full realisation of their rights to health and dignity.

To achieve this, we work in collaboration with Palestinian communities and trusted local partners to answer a wide range of health and social needs, from providing vital medical aid in emergencies, to developing better health services for the long term. We also uplift the voices of Palestinians, and campaign for an end to the barriers to health and dignity that come from living through occupation, displacement, discrimination and conflict.

2. Background of assignment

MAP has been supporting three disability projects in the Palestinian camps in Lebanon. One in North Lebanon (Beddawi and Nahr el Bared camps) implemented in partnership with local NGO Community Based Rehabilitation Association (CBRA) with continuous support for around 5 years. The second project is run by local partner Ghassan Kanafani Cultural Foundation (GKCF) in Mar Elias camp in central Lebanon area, but it serves families from other camps (Shatila and Burj el Barjneh) and impoverished neighbourhood in Beirut. MAP has been supporting this project continuously since around 8 years. The third disability project is implemented by the Palestinian Women Humanitarian Organisation (PWHO) in Al Bass camp in South Lebanon with continuous support from MAP since more than 11 years. The project's services are accessible to families from surrounding camps (Rashidyeh and Burj el Shemali camps) and Palestinian gatherings in Tyre area.

For these projects, MAP's financial contribution usually varies between 20-70% of the projects overall budget. Although there are some differences between these three projects in terms of the available services and the approach, all three work to raise community awareness to promote inclusion, support caregivers and involve them in intervention plans, and provide early intervention specialised services to children with disabilities.

Unfortunately, MAP did not have the opportunity to externally evaluate the three projects in recent years. With the funding limitations and significant increase in needs of Palestinian refugees in Lebanon amid the country's worst economic crisis, MAP is working to ensure support to the most impactful interventions that respond to the community needs and promote the health and wellbeing to this highly marginalised and vulnerable population group. Thus, the evaluation will help inform our future planning in this thematic priority area, Lebanon programme developments, and prioritization of support.

3. Context

People with disabilities remain amongst the most vulnerable groups within the Palestinian community in Lebanon. 1 in 10 Palestinian households in Lebanon have at least one family member with a functional disability. There is a strong correlation between disability and poverty in Palestinian communities in Lebanon, with households with a person with disability among them are more likely to live in extreme poverty, and/or to be affected by food insecurity and food insufficiency. The share of household expenditure jumps from 3% to 13% when a family member is disabled of chronically ill. The costs of living for individuals with disabilities are 35-40% higher than those without disability.

Palestinian refugees with disabilities have poor access to health, education, employment, livelihood and social services. In Lebanon, 29% of Palestinian children with disabilities are not enrolled in any educational institution, and 90% of people with disabilities are unemployed. Palestinian refugees with disabilities are marginalised and often stigmatised, with little protection or support and limited opportunities to make their voice heard in the community to which they belong. Palestinian people with disabilities are not allowed to benefit from any Lebanese government services, or from the disability law No. 220/2000, that was endorsed in 2000 to empower and integrate disabled people in the Lebanese system and society. Like all other Palestinian refugees, people with disabilities can only rely on services delivered by the United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA) or the few local and international NGOs specialising in this area.

Children with developmental disorders or disabilities, as well as adults with physical and intellectual impairment require comprehensive multidisciplinary health and rehabilitation interventions, as well as community-based initiatives aimed at breaking the isolation and social stigma that often surrounds people with special needs. The availability of, and access to such interventions for Palestinian refugees in Lebanon is very limited. Physical, financial and cultural barriers often prevent persons with special needs from accessing basic services, while specialised services and programmes are inadequate, both quantitatively and qualitatively, to meet the health, livelihoods and social needs of this population group. COVID-19 lockdowns and Lebanon's severe economic crisis have contributed to their increased marginalisation; they were identified among the most vulnerable groups overlooked in emergency responses in Lebanon. For example, the significant increase in transport costs increased barriers and challenges to those living in under-served communities and those with disability or mobility challenges.

To Palestinian refugees with disabilities, UNRWA only provides its standard package of basic primary and secondary health care, which does not include any specialised rehabilitation services, nor any home-based assistance programmes. Some further assistance to people with disabilities is currently provided under the umbrella of its Relief and Social Services Department, but it is largely focusing on the provision of assistive devices. Mapping of services shows that there is a very limited number of stakeholders providing specialized services for people with disabilities and often the range of services is not comprehensive- meaning that the child has to seek different stakeholders to get the needed intervention. In most cases these services are not free of charge and refugees' families cannot afford them. A Palestinian disability forum including 15 NGOs providing services for People with disabilities was established. The forum attempts to coordinate and standardize the work of these NGOs and to facilitate access to comprehensive services for people with disabilities.

The disability projects that MAP supports in North, South, and Central Lebanon fill a significant gap in the service provisions for children and people with disabilities. The projects provide comprehensive multidisciplinary early detection and intervention services for children with disabilities and developmental delays. They adopt a community- based approach and focus on involving and supporting the whole family. Parents' training, health education and advice, and community advocacy are essential components of their model. The projects teams coordinate and work with local schools and kindergartens, NGOs, and different stakeholders in the community to support the inclusion of children with disabilities in mainstream education, and in recreational/community activities. In addition, the disability project in South Lebanon provides physiotherapy services to adults with disabilities.

4. Project Summary

Project name:	Supporting Early Intervention for Children with Disabilities in North Lebanon	Support to Sour Community Disability Project's Physiotherapy Center and Early Intervention Unit in al Bass camp	Support to the Habilitation Preschool for Children with Complex Disabilities and/or Learning Difficulties
Partner organisation:	Community based Rehabilitation Organization (CBRA)	Palestinian Women Humanitarian Organization (PWHO)	Ghassan Kanafani Cultural Foundation (GKCF)
MAP Programme priority area(s):	Disability	Disability	Disability
Geographical area of implementation:	Nahr el Bared and Beddawi Palestinian camps in North Lebanon and surroundings	Al Bass Palestinian refugee camp in Tyre but serves beneficiaries from other Palestinian camps in Tyre (Rashidyeh, Burj el Shemali,) and surrounding gatherings.	Mar Elias Palestinian refugees camp in Beirut. Beneficiaries from other camps and gatherings in Beirut are include
Project goal:	- Reduce disparities in the key health indicators and/or social determinants of health (including access to education and livelihood opportunities) in people with disabilities. - Promote social inclusion and participation of people with disabilities within all community-based services and activities - Identify and reduce inequitable access to health care services for people with disabilities	-To identify and reduce inequitable access to health care services for people with disabilities in Lebanon refugee camps. -To promote social inclusion and participation of people with disabilities within Community-based services and activities.	- Identify and reduce inequitable access to health care services for people with disabilities. - Reduce disparities in the key health indicators and social determinants of health in people with disabilities
Project outcomes:	Outcome 1: Children with disabilities are supported to achieve their full potential in an inclusive community. Outcome 2: Contributing to reducing stigma and improving inclusion of people with disability through advocacy and community awareness-raising.	Outcome 1: People with disabilities (including children) are fully supported to meet their key needs through accessible medical, social, and educational opportunities. Outcome 2: Increased inclusion of people with disabilities and improved community awareness about rights of people with disabilities and disability-related issues.	Outcome 1: Support boys and girls with multiple and complex disabilities, and/or learning difficulties, to achieve their full potential through health care and rehabilitative and educational support that would facilitate their future educational and social integration.
Project beneficiaries	On average per year: Direct: 150 -250 (depending on funding level) adults and children with disabilities (and their caregivers). Teachers of local kindergartens.	On average per year: Direct: 120 children and their caregivers. 300 community members. Teachers of local kindergartens. Indirect: families of children with disabilities	On average per year: Direct: 45 -75 children (depending on funding level) and their caregivers Indirect: families of children with disabilities

	Indirect: families of children with disabilities		

5. Objectives of the Evaluation

The purpose of the evaluation is to:

- Audit the outcomes, quality, and measurable impact on health and well-being of the three projects.
- Inform MAP's decisions related to future projects planning, improvements, developments, and continuity of funding.
- Inform MAP's decisions related to prioritization of support and Lebanon programme developments in general.
- Provide assurance to MAP related to supported projects' quality, responsiveness to community priority needs, and impact.
- Highlight what is working well and less well.

The scope of the evaluation: The evaluation will be limited to review projects phases between 2021-2023.

The primary intended users of the evaluation are MAP and the local partners running these projects.

5.1 Assess the extent to which the project has performed against the following framework[1]

(a) Availability. Functioning services have to be available in sufficient quantity for the entire target population. If not, prioritization or selection criteria in place are sensible and ensure inclusion of the most in need.

(b) Accessibility. Services must be accessible to everyone without discrimination, within the target group and area. Accessibility has four overlapping dimensions:

i). Non-discrimination: services must be accessible to all, especially the most vulnerable or marginalised sections of the target population, without discrimination on any of the prohibited grounds.

ii). Physical accessibility: services must be within safe physical reach for all sections of the target population, especially vulnerable or marginalised groups, such as ethnic minorities, women, children, adolescents, older persons, and persons with disabilities. This includes adequate access to buildings for persons with disabilities.

iii). Economic accessibility (affordability): services must be affordable for all. Any payment for services has to be based on the principle of equity, ensuring that these services are affordable for all, including socially disadvantaged groups. Equity demands that poorer households should not be disproportionately burdened with expenses as compared to richer households.

iv). Information accessibility: accessibility includes the right to seek, receive and impart information and ideas concerning health issues. However, accessibility of information should not impair the right to have personal health data treated with confidentiality.

(c) Acceptability. All services must be respectful of medical ethics and culturally appropriate, i.e. respectful of the culture of individuals, minorities, peoples and communities, sensitive to gender and

[1] Adapted from the UN Economic and Social Council: Committee on Economic, Social and Cultural Rights; 22nd session, 2000:

life-cycle requirements, as well as being designed to respect confidentiality and improve the health status of those concerned.

(d) Quality. As well as being culturally acceptable, services must also be scientifically and medically appropriate (where relevant) and of good quality. Quality health services should be:
• Safe – avoid harming those people receiving services.
• Effective – providing evidence-based services delivered by suitably skilled professionals. This includes:

- Reviewing quality of the services provided by the projects and the technical soundness of their approaches and alignment with international standards and best practices related to this area of work in similar contexts.
- Looking at the way and tools used to measure impact of the projects for the assisted children and their families and the community in general and suggesting recommendations for improvements when needed.

• People-centred – providing care that responds to individual preferences, needs and values.
• Timely – reducing waiting times and potentially harmful delays.
• Equitable – providing care that does not vary in quality on account of gender, ethnicity, geographic location, socio-economic or other status.
• Integrated – providing care that makes available the full range of health services throughout the life course.
• Efficient – maximising the benefit of available resources and avoiding waste.

(e) Accountability. Beneficiaries are able to influence decisions about the services they receive and can give feedback and complain if they feel those services are not planned, delivered, or developed well.

(f) Participation. Participation should ensure that all concerned stakeholders, especially our partners and beneficiaries, have meaningful input to all phases of the programming cycle: assessment, analysis, planning, implementation, monitoring, evaluation, and learning. Such participation is the foundation for true accountability in our work.

5.2 Project Impact:

Impact evaluation question 1: Are the projects contributing to reducing inequitable access to health care services for people with disabilities.

Impact evaluation question 2: Are the projects contributing to promoting social inclusion and participation of people with disabilities within community-based services and activities.

6. Proposed Sources of Data

6.1 Review of project documents
6.2 Review of needs assessments, situational reports, briefings and other reports that help understand the situation and needs of Palestinian refugees with disabilities in Lebanon.
6.3 Field visits and observations
6.4 Key Informant Interviews and Focus Group Discussions and/or surveys with MAP, partners, key stakeholders (if needed), and project beneficiaries/local community.

7. Duration

The evaluation is expected to start in November 2023 and be completed by mid-December 2023 as per the table below which will be filled in with timeframe/dates proposed by the evaluator.

	Task	Timeframe
	Presenting a draft inception report to MAP for discussion and MAP approval	
	Meeting to discuss inception report including evaluation plan, schedule and data collection tools.	
	A desk review of: • The projects’ documents, including project proposals and logical frameworks, as well as samples of progress reports, activity reports, focus group discussions, cases studies and other M&E reports for the period covered by the evaluation. • Tools and technical documents used by the projects’ teams. • Review of reports, publications, briefing papers, needs assessments, situational analysis, service mappings, by UN agencies and I/NGOs related to the evaluation topic (with focus on Palestinian refugees with disabilities).	
	Visits to the project’s locations/centres (e.g., understand the workflow, observation, attending an activity, etc.)	
	Key informant interviews (and/or surveys) with MAP, partners, and key stakeholders (if needed).	
	Meetings with projects’ teams and key staff	
	Focus group discussions with projects’ beneficiaries	
	Prepare draft report of no more than 40 pages	
	Present draft report findings to MAP & partner for discussion	
	Prepare final report (and raw data)	
	Total days/ weeks	

8. Deliverables

- Inception report in English for MAP discussion and approval before beginning data collection
- Sharing draft data collection tools in advance
- Draft final report in English with relevant findings and recommendations
- Present and discuss report findings with MAP and partner organisation(s).
- Final report in English and make all original data, interviews and transcripts available to MAP.

9. Qualifications of consultant/team

- Proven experience in measuring programme quality and impact on health and well being
- Experience in the implementation or evaluation of health programmes with a focus on disability.
- Technical expertise in the area of disability.
- Proven strong statistical analysis skills and use of a recognized statistical package
- Experience in project design, monitoring, evaluation, and coordinating participatory research
- Strong analytical skills for developing and delivering best practices and lessons learned
- Understanding of the Palestinian health system in Lebanon
- Awareness of & commitment to good safeguarding practice
- Has a rights-based approach to disability
- Has experience in the MENA region
- Excellent analytical and report writing skills
- Excellent command of English. Speaking/understanding Arabic language is a plus.

10. Application and selection process

Proposals should include the CVs of the evaluation team (including references), a proposed work plan/schedule and budget. Applicants will be evaluated and selected according to the below table:

	Evaluation Criteria	**Score**
1	Technical Approach and Methodology	50%
2	Qualifications and Experience (include CV/s)	30%
3	Financial proposal	20%

Interested consultants/companies/organisations are encouraged to send their technical and financial proposal to **hiba.aboalardat@map-uk.org** with email title **"External Evaluation- Lebanon Disability projects"**.

The deadline for receiving proposals is 12th October 2023 15:00 Lebanon time.

For regional consultants, MAP and/or partner NGOs will facilitate needed permits to enter the Palestinian camps where the projects centres are located (if needed) and will support on logistic arrangements. MAP will also provide a full safety and security briefing for the consultants prior to commencing field work. The selected consultant(s) will be required to abide by MAP's Safeguarding policy and to sign our Code of Conduct.

11. Budget

The budget limit for this assignment is no more than USD 10,000. This amount includes all costs including travel, accommodation, and all expenses needed by the consultant to complete the evaluation.